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|---|---------------------|--------------------------|------------------------|
| <i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | Complete if Known | |
| FEE TRANSMITTAL For FY 2009 | | Application Number | 10/595,792-Conf. #6750 |
| | | Filing Date | May 11, 2006 |
| | | First Named Inventor | Tushar A. Kshirsagar |
| | | Examiner Name | D. Margaret Seaman |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1625 |
| TOTAL AMOUNT OF PAYMENT | (\\$) 180.00 | Attorney Docket No. | C1271.70076US01 |

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|--|--|--------------------------------------|-------------------------------|---|--------------------------------|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): | _____ |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: | 23/2825 | | Deposit Account Name: | Wolf, Greenfield & Sacks, P.C. |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments | | | | |

| FEE CALCULATION | | | | | | | |
|---|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) _____ 52 26 | | | | | | | |
| Each independent claim over 3 (including Reissues) _____ 220 110 | | | | | | | |
| Multiple dependent claims _____ 390 195 | | | | | | | |
| Total Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ Multiple Dependent Claims _____ | | | | | | | |
| Indep. Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____ | | | | | | | |
| - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> _____ 180.00 | | | | | | | |

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|---------------------|------------------------------|--|--------------------------------------|----------------|-----------|--------------|
| SUBMITTED BY | | | | | | |
| Signature | /C. Hunter Baker/ | | Registration No. (Attorney/Agent) | 46,533 | Telephone | 617.646.8000 |
| Name (Print/Type) | C. Hunter Baker, M.D., Ph.D. | | Date | April 27, 2010 | | |

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| Certificate of Electronic Filing Under 37 CFR 1.8 | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). | |
| Dated: April 27, 2010 | Electronic Signature for: /Eileen M. Mackenzie/ |